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Country programme document**

Russian Federation

Summary

The Executive Director presents the draft country programme document for the Russian Federation for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,805,000 from regular resources, subject to the availability of funds, and $21,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data[*] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	29.7
U5MR (per 1,000 live births)	20
Underweight (% moderate and severe, 1995)	3
Maternal mortality ratio (per 100,000 live births, 2001)	32
Primary school enrolment (% net, male/female, 1994)[a]	93/93
Primary schoolchildren reaching grade 5 (%)	..
Use of improved drinking water sources (%, 2002)	96
Adult HIV prevalence rate (%, end 2003)	1.1
Child work (%, children 5-14 years olds)	..
GNI per capita (US$)[b]	2 610
One-year-olds immunized against DPT3 (%)[c]	96
One-year-olds immunized against measles (%)[c]	98

[*] More comprehensive country data on children and women are available at www.unicef.org.
[a] The Russian Federal Service of States Statistics (RosStat) uses the gross primary school attendance rate, which for 2003-2004 was 129%.
[b] UNICEF uses the World Bank calculation for GNI. The RosStat figure is $2,296.
[c] Children under two years old (RosStat).

The situation of children and women

1. After a number of years of contraction, the economy of the Russian Federation, aided by the rapid growth in oil prices, has strengthened. This has reinforced the Government's efforts to advance lagging structural reforms and raised business and investor confidence in the country. These positive economic trends present a unique opportunity to increase investments for priorities for children and to accelerate social sector reform.

2. Income and social disparities remain, primarily affecting children and female-headed households. Wealth is disproportionately concentrated in Moscow and Saint Petersburg, accounting for over 28 per cent of the country's aggregate wealth. The economic difficulties of the 1990s led to declining expenditure on basic social services. Some 19 per cent of the population are living below minimum subsistence levels, and the benefits of economic growth have yet to be more widely shared. Although Russia has met most of the Millennium Development Goals at the national level, disparities, particularly interregional ones, underlie these relatively good average rates and trends.

3. The Government has recognized the need to address existing poverty, with key targets in President Vladimir Putin's second term being to improve living standards and to halve the number of people living in poverty to 10 per cent of the population by 2007. Women and children are particularly vulnerable to poverty, with families with low education levels and in rural areas being disproportionately affected. The Government's National Plan of Action in the Interest of Russia's Children until 2010 (NPA) could provide further impetus to address these issues and place children higher on the political agenda.

4. According to the Federal AIDS Centre under the Ministry of Health and Social Development, there are 305,805 officially registered HIV infections in Russia, although the estimated number of infected people is closer to 1 million. Unsafe drug use remains the main mode of HIV transmission, but heterosexual transmission is growing rapidly. In 2004, approximately 40 per cent of new heterosexual HIV cases were women, predominantly of child-bearing age. By the end of 2004, over 15,000 children were born to HIV-infected mothers. With the majority of HIV infections occurring in people under 30 years of age, young people are particularly vulnerable. Stigma and discrimination, prevention of HIV in infants and young people and treatment and care of HIV-infected children are priority areas for the national response. Rates of tobacco, alcohol and drug use are increasing.

5. State educational expenditure per child has almost halved since 1990. Pre-school enrolment and availability have fallen to an average rate of 58 per cent, and the attendance gap between urban and rural areas is 28 per cent. Completion rates for the basic cycle are declining, as are opportunities for vocational education and educational access for poor children living in rural areas. The system of teaching basic life skills, including such important thematic components as HIV/AIDS, substance abuse prevention and reproductive and sexual health issues, is still to be fully tailored to new circumstances. The Government's recently initiated education system reform provides further opportunities for integrating needed life-skills education into the formal curriculum.

6. Economic hardship, alcohol and drug abuse and deteriorated social safety nets are among key factors that have increased family breakdown and children's vulnerability to neglect and abuse, being without parental supervision or in the worst case, being on the streets. Government agencies have strived to develop community-based responses to family breakdown and to increase use of family placements, under which approximately 74 per cent of children have been placed. However, these services need to be expanded to address the scale of the problem, which saw an almost three-fold increase from 1993 to 2002 in deprivation of parental rights and 186,000 institutional placements for children without parental care.

7. While several health related issues such as maternal and child health care require continued attention to sustain progress made, micronutrient deficiencies have continued to jeopardize children's health. Iodine deficiency disorders (IDD), easily controlled through universal salt iodization, affect up to 40 per cent of children in some regions. Iron deficiency among children (aged 0-14 years) has also increased by four-fold in one decade.

8. Violence affects many children in the North Caucasus region, which results in widespread psychological and physical trauma. Recent events, such as the tragedy in Beslan, have contributed to a deterioration of relationships between different ethnic and religious groups in the region. Since 1995, over 3,000 victims of landmines or unexploded ordnance (UXO) have been recorded, over 720 of them children. The Government's defined social priorities in the North Caucasus region include reducing unemployment, increasing income and educational levels and decreasing child mortality.

9. In the beginning of 2004, the Russian Government submitted its third periodic report to the Committee on the Rights of the Child, covering the period 1998-2002. The report, to be discussed in September 2005, indicates that progress has been

made against the recommendations of the Committee's 1997 report. These include greater expedition of child-related legislation; establishment of independent monitoring structures to review implementation of the Convention on the Rights of the Child, such as the establishment of children's ombudspersons; strengthened coordination among government bodies involved in child rights at both the federal and regional levels; and dissemination of the Convention's principles. More attention is required to the involvement of non-governmental organizations (NGOs) and enhancement of financial resources and budgetary allocations for child-related social issues.

10. A major challenge is to ensure that the social welfare reforms underway are adequately resourced; are complemented with economic and social policies that address disparities; and are well-tailored to the needs of children and young people. Decentralization of responsibility and accountability of social sectors to the regional level offer opportunities, but also some risks. HIV/AIDS is moving at a pace that requires urgent and specific action. Enhanced roles and support by the private sector and civil society need to be mobilized to broaden societal support for children's well-being.

Key results and lessons learned from previous cooperation, 2003–2005

Key results achieved

11. The previous programme focused on the promotion, fulfilment and protection of children's rights. Specifically, it provided support and technical assistance to the development and strengthening of young people's health and development, child welfare reform and optimal development in early childhood through universal salt iodization and breastfeeding.

12. In November 2004, the extended annual review of the current country programme took place with the participation of government counterparts, NGO partners and United Nations agencies. Participants expressed satisfaction with the performance of the programme of cooperation, which has, through leveraging of government resources, reached all seven federal districts and 40 of the 89 regions, including 13 major urban centres.

13. A national policy framework for prevention of mother-to-child transmission of HIV (PMTCT) has been developed by the Ministry of Health and Social Development's Coordination Council on Prevention of HIV Transmission from Mother to Child, with support from UNICEF, the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). An assessment of existing PMTCT activities was conducted in 10 regions, with recommendations for policy development and actions at federal, regional and local levels.

14. Since 1999, 37 "youth-friendly" centres have been developed in nine regions. These provide age-appropriate and confidential information and services on reproductive health and healthy lifestyles. National guidelines on standards for youth-friendly services were drafted. A network of 12 youth information and resource centres was established in two regions, with support from regional administrations. Communication for behavioural change for HIV/AIDS prevention

and healthy lifestyles, youth information and resource centres' information campaigns have reached approximately 500,000 young people. Support to these activities was provided by Development Cooperation Ireland (DCI), the Government of the Netherlands, the United Kingdom Department for International Development (DFID), and the United States Agency for International Development (USAID), among others.

15. The children's ombudsperson network has been expanded to 16 regions, providing a mechanism for hearing and addressing complaints and child rights violations. The Government published annual reports on the state of children and documented situation analysis and child welfare best practices across Russia's 89 regions, with the support of UNICEF. De-institutionalization of children has been promoted through technical support to the Government and NGOs in the development of innovative social models for early family intervention and alternative family care in four regions. The Ministry of Health and Social Development, UNICEF and the World Bank have collaborated to provide key recommendations on child welfare reforms. Additionally, methodologies that enhance the capacities of professionals and volunteer outreach workers to serve unsupervised and street children have been developed and implemented in five regions. Support for these activities was provided by the Governments of Germany and the Netherlands.

16. The availability of iodized salt increased from 25,000 tons in 1997 to 160,000 tons in 2004. In 2003, the Government drafted a new technical regulation for edible salt that is subject to approval as law. In 2004, comprehensive legislation on IDD prevention was developed and submitted to the Russian Parliament for consideration. The Ministry of Health and Social Development has declared breastfeeding to be an integral part of its national policy on maternal and child health. To date, 181 maternity hospitals have been certified as "baby-friendly" in 37 regions, with approximately 16 per cent of deliveries taking place in certified "baby-friendly" hospitals. USAID provided support for these activities.

17. In the North Caucasus region, UNICEF, with support from the European Community Humanitarian Aid Department (ECHO), the Government of the Netherlands, the Swedish International Development Cooperation Agency (Sida) and USAID, provided access to education for approximately 10,000 displaced children in Ingushetia; completed physical rehabilitation of 28 education facilities in Chechnya; and contributed to social reintegration of over 500 vulnerable young people. A comprehensive database on landmine/UXO incidents has been maintained; mine awareness has been raised among more than 140,000 children, as well as among the population in Chechnya at large; and prosthetic-orthotic support and psychosocial and vocational assistance were provided to over 250 mine and more than 400 UXO survivors. Two children's health facilities were rehabilitated in Chechnya, and 34 Chechen and eight Ingush health structures were provided with essential medical equipment, including cold-chain equipment. Support was provided to children in Beslan, through hospital and school supplies and psychosocial rehabilitation.

Lessons learned

18. At the extended annual review, the Government recommended that a more holistic and systemic approach be applied to future UNICEF-supported actions. The

Government noted that recent reforms have shifted responsibility for implementation of social programmes from federal to regional levels. As a result, increased focus should be directed towards strengthening regional policy and legislation, based on successful social models. To avoid dispersal of efforts, a clear geographic rationale and greater thematic focus should be pursued. The country programme needs to support national processes that address needs of both the most vulnerable children and a large number of children across Russia.

19. The capacity to collect data and analyse trends on the situation of children on national and subnational levels needs to be strengthened. This knowledge base will facilitate more effective support for legal and policy actions at the federal and regional levels and more effective expansion of tested social models.

20. To have a positive impact on the HIV/AIDS situation among young people, it is critical to consider their specific needs for information, skills and services. The development of sustainable behavioural change and addressing stigma and discrimination need to become major programmatic thrusts. Effective outreach to young people, advocacy for equal access to treatment, and full integration of PMTCT into maternal and child health services are supportive and interlinked interventions.

21. Child welfare reform, including de-institutionalization, requires a more comprehensive response that integrates existing model experiences and brings about systemic changes with policy and legal framework improvements. The children's ombudsperson network has been found to be a valuable model for independent monitoring, promotion and defence of child rights.

22. Strengthening partnerships with local authorities in the North Caucasus region and building the technical capacities of local NGOs are critical to promoting the programme's effectiveness and sustainability. The rapidly evolving context requires the broadening of UNICEF actions to include such strategic areas as child protection, psychosocial rehabilitation of crisis-affected children in Chechnya, promotion of peace and tolerance education and other measures to support recovery.

The country programme, 2006-2010

Summary budget table

	In thousands of United States dollars		
Programme	*Regular resources*	*Other resources*	*Total*
HIV/AIDS and young people's health and development	500	8 000	8 500
Child protection	500	8 000	8 500
Children in the North Caucasus region[1]	50	1 000	1 050
Advocacy, information and public policy for children's rights	2 000	4 000	6 000
Cross-sectoral costs	1 755	—	1 755
Total	**4 805**	**21 000**	**25 805**

[1] In addition, $17.5 million in emergency other resources is expected to be raised over the programme cycle.

Programme preparation process

23. The development of a situation analysis of children in Russia has been closely linked to the preparation of the country programme. Strategy discussions with the Government, NGO partners and United Nations agencies guided the programme's design. Ongoing discussions with bilateral and multilateral partners, including the World Bank, the Canadian International Development Agency (CIDA), Sida, DFID, USAID and the European Union (EU)/ECHO) also contributed significantly to programme planning.

Goals, key results and strategies

24. In the context of national goals and development plans, the overall aim of the country programme is to advance the protection and fulfilment of rights for all children and women in the Russian Federation. The programme's thrust is to support national plans and priorities to build upon and consolidate past successes, while enhancing policy and legal frameworks and capacities at federal and regional levels to address children's needs and rights.

25. Working with the Government, bilateral and multilateral representatives, civil society and the private sector, UNICEF will contribute nationwide to the achievement by 2010 of the following strategic results:

(a) Young people's health and development and HIV/AIDS: (i) at least 50 per cent of young people aged 10-18 years, including those most vulnerable to infection, will have acquired the knowledge and life skills and 30 per cent will have access to services required to reduce their vulnerability to HIV infection and other threats to their health and well-being; (ii) a 50-per-cent decrease in the rate of transmission of HIV from mother to child; (iii) the development and implementation of policies and strategies to ensure provision of a comprehensive package of care and support services for HIV-affected children and families; and (iv) increased participation and capacity of young people to make decisions that influence their lives;

(b) Child protection: (i) reduction of the number of institutionalized children and a significant increase in the number of children without parental care being placed in family-based care settings; (ii) a decrease in the number of deprivations of parental rights; and (iii) increase of the number of children with special needs participating in mainstream education;

(c) Children in the North Caucasus region: (i) 50 per cent of children to have access to pre-school education opportunities and a 10-per-cent increase in the number of children attending school in Chechnya; (ii) restoration of 90 per cent of the cold chain in Chechnya and Ingushetia; (iii) a 50-per-cent reduction in the number of children affected by incidents related to landmines and UXO; (iv) a 50-per-cent increase in the number of children receiving psychosocial support and physical support as a result of mine accidents.

(d) Advocacy, information and public policy for children's rights: (i) establishment of effective tools and mechanisms for monitoring and evaluating child rights at the federal and regional levels, including increasing from 16 to 45 the number of regions with an effectively functioning child rights ombudsperson's office; (ii) adoption of legal and policy frameworks at the federal level that enhance children's rights, including reduction of family violence, trafficking and sexual

exploitation; (iii) increased "child-friendly" decision-making and practices at the regional and federal levels; and (iv) increased involvement and awareness of civil society on children's issues.

26. The programme will aim to have an impact on a large number of children on a few selected social fronts, and simultaneously support inclusion and reduce disparities. Priority areas, such as the North Caucasus, and groups, particularly children with disabilities and street children, will be identified. The programme will be implemented in 10 regions covering the seven Federal Districts.

27. Strategies will centre on a rights-based and gender mainstreaming approach that includes strengthening and expansion of the ombudsperson's network and harmonizing federal and regional policy and legislation with the Convention on the Rights of the Child. Young people's participation will be a key supporting strategy.

28. Best practices based on social models and other experiences will inform programme design and scaling up within national policies. Greater rigour will be pursued with establishment of baselines and continuous assessment of the effectiveness, efficiency and replicability of social models in key programmatic areas. The policy and legal changes needed for expanding and sustaining these models, as well as their budgetary implications, will be assessed and introduced. Results of research and evaluation will be made available to decision makers through simplified data management tools. Alliances with corporations and individuals will be developed to mobilize resources for children.

Relationship to national priorities

29. The country programme supports national priorities described in the NPA, specifically protection of children's health and promotion of healthy lifestyles; provision of quality education; improvement of children's living standards; and enhancement of the social welfare system's efficiency for the protection of vulnerable children.

30. The programme's outcomes have been designed within the United Nations country team's goal to support the Government and civil society in translating economic growth into sustainable human development with human rights, and within the framework of the Millennium Development Goals, including reduction of disparities and child poverty. Although the Russian Federation does not have a United Nations Development Assistance Framework, thematic and geographic coordination have been enhanced with a focus on poverty, HIV/AIDS, healthy lifestyles, human rights and joint programming initiatives in the North Caucasus region, Tver Oblast and Saint Petersburg.

Relationship to international priorities

31. The country programme contributes to the achievement of the Millennium Declaration goal of protecting the vulnerable and five of the eight Millennium Development Goals, specifically Goal 2, by means of promoting a more inclusive education system nationwide and assisting children to access education in the North Caucasus region; Goal 3, through gender equality in youth participation and leadership nationwide and through gender-sensitive approaches in the North Caucasus; Goal 4, through promotion of breastfeeding, supply and use of universally iodized salt, and PMTCT; and Goals 5 and 6 through PMTCT. The

UNICEF programme for young people's health and development and HIV/AIDS will also support three of the five goals established by the General Assembly Special Session on HIV/AIDS.

32. The country programme will partially address four of the five priorities of the UNICEF medium-term strategic plan: early childhood development, combating HIV/AIDS, girls' education; and increased protection of children from violence, exploitation, abuse and discrimination. Additionally, the programme will respond to the UNICEF regional priority of young people's participation.

Programme components

33. The strategic results of the country programme will be through three thematic programmes undertaken in close cooperation with the Government, on young people's health and development and HIV/AIDS; child protection; and children in the North Caucasus region. The selection criteria for the 10 regions will be based on rates of HIV/AIDS prevalence; levels of human development based on the Human Development Index; vulnerability of children; United Nations joint programming; regional government capacities and commitments; and existing UNICEF collaboration. Results from these programmes and other child rights issues will be further promoted through the fourth programme, on advocacy, information and public policy for children's rights, to facilitate expansion of successful models and other child-rights practices to other regions. While the four programmes will be funded primarily by other resources, the children's rights and advocacy programme will receive most regular resources given its cross-cutting and strategic linkages to the other programmes.

Young people's health and development and HIV/AIDS

34. The health of women, children and young people is threatened by the country's growing HIV/AIDS epidemic. Social exclusion and discrimination against children and young people infected and affected by HIV/AIDS require attention to ensure programmatic success.

35. This programme will support the Government in achieving the key results elaborated above by strengthening and expanding an integrated approach to child- and youth-oriented HIV/AIDS policies. An integrated model for "youth-friendly" health and information services and a comprehensive model for PMTCT will be consolidated, documented and expanded. Treatment and care for HIV-affected families and children will be pursued including through building linkages between health, protection and education services. Enhanced national policies and models will provide children and young people with greater access to information, medical and social services which positively influence their health and lifestyle choices and opportunities for their participation. Key support will comprise research, capacity-building, advocacy and monitoring and evaluation, with best practices identified and disseminated. Regular resources for this programme will be used to support consolidation of programmatic interventions and technical support to the Government for policy initiatives while other resources will be targeted to programme implementation.

36. Programme activities will contribute to the goals of the Government's federal programme, Prevention and Fight Against Diseases of a Social Character, and to the UNICEF Children and AIDS Campaign. Work will also complement activities

funded and supported by such other actors as the Global Fund to Fight AIDS, Tuberculosis, and Malaria and the World Bank. The programme will be implemented in collaboration with the federal and regional governments, UNAIDS cosponsors, National Committees for UNICEF and bilateral partners including CIDA, DCI, the Government of the Netherlands, Sida, DFID and USAID.

Child protection

37. Child welfare reform, including provision of community-based services, is progressing slowly. Foster care structures and regional service capacities for early intervention and restorative services for families are still to be strengthened and expanded, as are support and rehabilitation services for children with disabilities, unsupervised, street and other vulnerable groups of children. Many children with special needs require additional opportunities to integrate into mainstream education.

38. This programme will support the Government to strengthen and reform child welfare services and systems so as to enable vulnerable children to remain in their families or in alternative family settings within their communities. Programme activities will include consolidation and documentation of tested early family intervention and alternative family-based care, including foster care and in-country adoption. Advocacy to take successful models to scale will be undertaken in partnership with the Government. UNICEF will support the Ministry of Education in conceptualizing and testing a social model for giving disabled children access to mainstream education. Review and development of child and family policies at the federal and regional levels will be informed by best practices emerging from this and other social models. Consolidation of programmatic interventions and technical support to the Government for policy initiatives will be funded mostly from regular resources while other resources will be mobilized and used for programme implementation.

39. UNICEF will support research, sharing of international and interregional best practices and other technical assistance. Activities will be designed in the context of the child welfare reform framework developed with support from the World Bank and UNICEF. Main partners will be the Ministry of Health and Social Development, other federal and regional authorities, civil society and bilateral and multilateral agencies including CIDA, Sida, DFID and the World Bank.

Children in the North Caucasus region

40. Conditions in the North Caucasus continue to be characterized by instability and unpredictability. In Chechnya, children's access to education remains low, mainly as a result of insufficient school capacities. Access to education is further inhibited by security and poverty. Children's immunization coverage is still insufficient. HIV/AIDS is an emerging problem, particularly among young people. Landmines and UXO continue to have an impact upon children's safety.

41. This programme will evolve, conditions permitting, from humanitarian aid to recovery and rehabilitation with a focus on vulnerable children and women. Key components will include education, including peace education and school rehabilitation; child protection, including mine action and assistance to mine survivors; psychosocial rehabilitation; and HIV/AIDS prevention, focusing on integrated youth-oriented policies and services. While the programme will be

focused mainly on Chechnya, appropriate attention will be devoted to meeting the needs of displaced children in Ingushetia and Dagestan.

42. UNICEF support will consist of both technical assistance and targeted supply inputs, with a renewed emphasis on strengthening capacities and cooperation with local civil society organizations and government agencies. In addition, UNICEF peace education efforts will seek to involve young people, NGOs, educational institutions, media and local governments from North Ossetia, Kabardino-Balkaria, Ingushetia, Dagestan and Chechnya.

Advocacy, information and public policy for children's rights

43. While the collaborative work of UNICEF with the Government has produced effective social responses at the regional level, the current challenge is to consolidate and expand these nationwide. Effective regional social models and innovations, such as the children's ombudsperson, need to be promoted throughout Russia. The existing knowledge function about children's needs in specific areas and regions is weak and requires strengthening.

44. This programme will focus on translating results from best practices and social models into national public policy development and practice. In collaboration with government partners, the programme will seek a nationwide expansion of successful social models through policy and legal instruments as well as through advocacy and resource mobilization. Documented initiatives will also promote critical actions such as legislation on universal salt iodization, monitoring of the Baby-Friendly Hospital Initiative, child welfare reform, anti-trafficking responses and reform of juvenile justice. Key studies on such issues as child poverty will support policy analysis. Major components will consist of support for policy and legislation; strengthening of knowledge and information management; and enhanced resource mobilization for children. UNICEF will support local research, institutional capacity-building, strengthening of alliances and advocacy. This work will require close collaboration with and support to federal and regional government partners, key NGOs, academic institutions and universities.

45. **Cross-sectoral costs** cover staff working with a number of sectors as well as basic operational costs of the office such as utilities and rent. United Nations common premises, if established, will be supported.

Major partnerships

46. The Ministry of Health and Social Development will be the principal coordinating government agency. Federal ministries such as the Ministries of Education, Foreign Affairs, and Regional Development, as well as local and regional governments and administrations, will be vital allies in programme implementation and expansion. NGOs will be increasingly involved in programme activities, particularly in the areas of young people health and development and in the North Caucasus region.

47. The range and scope of existing partnerships with the World Bank, the EU, CIDA, the German Agency for Technical Cooperation (GTZ), DCI, the Government of the Netherlands, Sida, DFID, USAID and the National Committees for UNICEF will be expanded, particularly in the areas of child welfare and HIV/AIDS. For its work on young people and HIV/AIDS, UNICEF will work closely with UNFPA,

WHO and USAID. Collaboration will continue with the United Nations theme group on HIV/AIDS, UNAIDS and programmes funded by the Global Fund. Work in the North Caucasus region will continue in close coordination with ECHO, other international humanitarian partners and development agencies. A joint United Nations project on poverty reduction and economic growth will be implemented in the Tver region.

48. Expansion and strengthening of partnerships with academic institutions and the Federal Service of State Statistics (RosStat) will be pursued in the light of the need to strengthen the country programme's knowledge and research base and to enhance approaches to collection, dissemination, management and use of data. Given the country programme's local fund-raising initiatives, a stronger relationship with the media and private sector will also be fostered.

Monitoring and evaluation and programme management

49. A five-year integrated monitoring and evaluation plan will support a research agenda that addresses critical information gaps. Indicators to monitor the situation of children and women, as well as programme implementation, will include rates of children's and young people's access to information and services; the rate of placement of children in family-based care settings; infant, child and maternal mortality rates; and trends in child poverty. Additionally, a range of global indicators including those deriving from the UNICEF medium-term strategic plan, complemented by locally agreed ones, will be used. An updated situation analysis of children and women will be published in 2008 as part of the mid-term review of the country programme. The emergency response capacity will be strengthened. Annual reviews and the mid-term review in 2008 will provide opportunities to assess progress and take corrective actions.

50. Monitoring of the Millennium Development Goals will be tracked with *DevInfo* in collaboration with the Ministry of Health and Social Development, RosStat and United Nations agencies. Support will be provided to RosStat for its family and fertility household surveys and to the inter-agency government body responsible for the annual production of the *State of Children in the Russian Federation* report. UNICEF will support four evaluations, of the ombudspersons' network, youth-friendly services, PMTCT and child welfare reform.

51. The programme will be managed in close cooperation with the Ministries of Health and Social Development and of Foreign Affairs. UNICEF cooperation will be managed through its offices in Moscow and Nazran.